

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Mr. G		12/8/99
O.I.P.E. CLASSIFIER	12		12/15
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		65703 67503	12-27-99 5-8-00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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